DIn case of more than one child at a birth, a SEPARATE RETURN must be mag order of birth stated.	
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Case	
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	/ d		
ARIZONA STATE B	OARD OF HEALTH		
LACE OF BIRTH			
STANDARD CERTIF	FICATE OF BIRTH Registered No.		
unty Gila	State Muzoua		
District or Township			
100:	<u></u>		
(If hirth occurred	in a hagnital are institution, aire it. 3143173		
2. Full name of child Matividad C	UCala' [If child is not yet named, make supplemental report, as directed.		
3. Sex of Child To be answered ONLY 4. Twin, triplet or other.	7. Date 1 . 1 . 2		
Jemal births. 5. No., in order of birth	of birth Day Year		
8. FATHER	14. MOTHER		
Fuil name Celminis allala	Full maiden name		
	Full maiden name Beruta Longales		
9. Residence (Usual place of abode) Miasin Anyon	15. Residence (Usual place of abode)		
If non-resident, give place and state.	(Usual place of abode) Mann, Andrews If non-resident, give place and state.		
10. Color or race	16. Color or race		
11.11			
Mufican 11. Age at last birthday (Years)	Muki a 17. Age at last birthday (Years)		
12. Birthplace (city or place)	18. Birthplace (city or place)		
Ma	•		
	(State or country) My. w		
13. Occupation Miner	19. Occupation		
Nature of industry	Nature of industry / meen		
Copple of			
	and now living 21. Were precautions taken against oph-		
	out now dead thalmia neonatorum.		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *			
I hereby certify that I attended the birth of this child, who was			
* When there was no attending physician or midwife, then the father, householder, Signature			
{ etc. should make this return. A stillborn } child is one that neither breathes nor	The second second		
shows other evidence of life after birth.	(Physician or midwife)		
a supplemental report	Main . Union		
Month, day, year	1415 2 4 5 1		
Registrar.	10 10 - 0 - 0mm		
MIL 5AU 370	Regisfrar.		

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